



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PHYSICIANS MEDICAL CENTER

City of Hospital: New Albany, IN

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Jennifer Dennis

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Medicare Provider Number: 15-0172

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$22413530
Outpatient Patient Service Revenue	\$266752169
Total Gross Patient Service Revenue	\$289165699

2. Deductions From Revenue

Contractual Allowance	\$21283860
Other Deductions	\$0
Total Deductions	\$21283860

3. Total Operating Revenue

Net Patient Service Revenue	\$76327097
Other Operating Revenue	\$40628
Total Operating Revenue	\$76367725

4. Operating Expenses

Salaries and Wages	\$8688492	Employee Benefits	\$1684426
Depreciation and Amortization	\$495980	Interest Expense	\$47464
Bad Debt	\$10935016	Other Expenses	\$40757717
Total Operating Expenses	\$62609095		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13758630	Total Assets	\$26043958
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$10940353

Total Net Gains	\$13758630
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$63810036	\$45934993	\$17875043
Medicaid	\$71813440	\$46061263	\$25752177
Other Government	\$2500090	\$1818935	\$681155
Other State	\$0	\$0	\$0
Other Payers	\$151042133	\$119023411	\$32018722
Total	\$289165699	\$212838602	\$76327097

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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